

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY -6 PM 3:27

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000004772

1. Corporation Name

Turn A Coin, Inc.

2. Principal Office Address - No P.O. Box #

7017 NW 18th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 5, 2005

5. FEI Number

81-0679932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Cuthbert H. Harewood, Jr.

Street Address (P.O. Box Number is Not Acceptable)

7017 NW 18th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

100259903251
05/06/14--01002--030 **297.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cuthbert H. Harewood, Jr.
Cuthbert H. Harewood, Jr.

REGISTERED AGENT MUST SIGN

Date April 28, 2014

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Cuthbert H. Harewood, Jr.	7017 NW 18th Avenue	Miami, FL 33147
TD	Cierra Williams	7017 NW 18th Avenue	Miami, FL 33147
VPD	Waymon L. Jackson, Jr.	7017 NW 18th Avenue	Miami, FL 33147
D	Cosmo M. Williams	7017 NW 18th Avenue	Miami, FL 33147
D	Cuthbert Harewood, Sr.	7017 NW 18th Avenue	Miami, FL 33147

10 E-mail Address: Charewood1962@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Cuthbert H. Harewood, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cuthbert H. Harewood, Jr.

4-30-14 796-285-9611

Date

Daytime Phone #